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| B1 (Official Form 1)(04/13)  | DC  | Cument   | ıα   | gc I oi   | 52   |  |  |                          |
|--|---|--|--|---|--|--|--|--------------------------|
|  | States Bank<br>rthern District  |  |  |   |  |  | Voluntary  | Petition                 |
| Name of Debtor (if individual, enter Last, First. Leombruni, Nichole L.M.  | Middle):  |  | Name   | of Joint De   | ebtor (Spouse)   | ) (Last, First,  | , Middle):   |                          |
| All Other Names used by the Debtor in the last (include married, maiden, and trade names):   | 8 years   |  |  |   | used by the J<br>maiden, and   |  | in the last 8 years<br>):  |                          |
| Last four digits of Soc. Sec. or Individual-Taxpe (if more than one, state all)  xxx-xx-5999   | ayer I.D. (ITIN)/Con  | nplete EIN   | Last fo  | our digits o  | f Soc. Sec. or   | Individual-T   | Γaxpayer I.D. (ITIN) No  | o./Complete EIN          |
| Street Address of Debtor (No. and Street, City, 6740 Newburg Road<br>Rockford, IL  | and State):   | ZIP Code   | Street   | Address of  | f Joint Debtor   | (No. and Str   | reet, City, and State):  | ZIP Code                 |
| County of Residence or of the Principal Place o<br>Winnebago   | f Business:   | 61108  | Count  | y of Reside   | ence or of the   | Principal Pla  | ace of Business:   |                          |
| Mailing Address of Debtor (if different from str   | eet address):   |  | Mailin   | g Address   | of Joint Debte   | or (if differer  | nt from street address):   |                          |
|  | Г   | ZIP Code   | 4  |   |  |  |  | ZIP Code                 |
| Location of Principal Assets of Business Debtor<br>(if different from street address above):   |   |  | •  |   |  |  |  | ı                        |
| Type of Debtor (Form of Organization) (Check one box)  |   | of Business  |  |   |  |  | otcy Code Under Whice<br>led (Check one box)   | ch .                     |
| Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  □ Corporation (includes LLC and LLP)  □ Partnership  □ Other (If debtor is not one of the above entities, check this box and state type of entity below.)  | ☐ Health Care B ☐ Single Asset R in 11 U.S.C. § ☐ Railroad ☐ Stockbroker ☐ Commodity Bi ☐ Clearing Bank ☐ Other | usiness<br>deal Estate as de<br>101 (51B)<br>roker   | efined   | Chapt Chapt Chapt Chapt Chapt Chapt   | ter 7<br>ter 9<br>ter 11<br>ter 12   | ☐ Ch<br>of<br>☐ Ch<br>of                               | napter 15 Petition for Ra<br>a Foreign Main Procee<br>napter 15 Petition for Ra<br>a Foreign Nonmain Pro | ding<br>ecognition       |
| Chapter 15 Debtors  Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:   | Tax-Ex<br>(Check bo<br>☐ Debtor is a tax-e<br>under Title 26 or   | empt Entity<br>x, if applicable)<br>exempt organizati<br>f the United State<br>al Revenue Code | es   | defined<br>"incurr  | are primarily cod in 11 U.S.C. §<br>red by an indivional, family, or l                         | (Check<br>nsumer debts,<br>101(8) as<br>dual primarily | busine   | are primarily ess debts. |
| Filing Fee (Check one box  Full Filing Fee attached  Filing Fee to be paid in installments (applicable to attach signed application for the court's considerat debtor is unable to pay fee except in installments. Form 3A.  Filing Fee waiver requested (applicable to chapter attach signed application for the court's considerat | individuals only). Musion certifying that the Rule 1006(b). See Offi 7 individuals only). M                     | cial Det Check if:  Check if:  Det are  Check all  Ust 3B. Acc                                 | otor is a sr<br>otor is not<br>otor's aggr<br>less than s<br>applicable<br>plan is bein<br>ceptances | a small busi<br>regate nonco<br>\$2,490,925 (<br>e boxes:<br>ng filed with<br>of the plan w | s debtor as defin<br>ness debtor as d<br>entingent liquida<br>amount subject<br>this petition. | efined in 11 United debts (exc<br>to adjustment        |  | e years thereafter).     |
| Statistical/Administrative Information  ☐ Debtor estimates that funds will be available ☐ Debtor estimates that, after any exempt proper there will be no funds available for distribut  | erty is excluded and  | l administrative   |  | es paid,  |  | THIS   | SPACE IS FOR COURT   | USE ONLY                 |
| Estimated Number of Creditors  | 1,000- 5,001-<br>5,000 10,000   |  | 5,001-<br>0,000  | 50,001-<br>100,000  | OVER 100,000   |  |  |                          |
| \$0 to \$50,001 to \$100,001 to \$500,001<br>\$50,000 \$100,000 \$500,000 to \$1   | \$1,000,001 \$10,000,001 to \$10 to \$50 million million  | to \$100 to  | ]<br>100,000,001<br>5\$500<br>hillion  | \$500,000,001<br>to \$1 billion   |  |  |  |                          |
| Estimated Liabilities  | \$1,000,001 \$10,000,001 to \$10 to \$50  |  | ]<br>100,000,001<br>0 \$500  | \$500,000,001<br>to \$1 billion   |  |  |  |                          |

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| B1 (Official For   | m 1)(04/13)   | Page 2 01 52   | Page 2   |
|--|---|--|--|
| Voluntary  |   | Name of Debtor(s):<br>Leombruni, Nichole L.M.  |  |
| (This page mu  | st be completed and filed in every case)  | Leombrani, Nichole L.W.  |  |
|  | All Prior Bankruptcy Cases Filed Within Last  | t 8 Years (If more than two, attach a  | dditional sheet)   |
| Location<br>Where Filed:   | - None -  | Case Number:   | Date Filed:  |
| Location<br>Where Filed:   |   | Case Number:   | Date Filed:  |
| Pei  | nding Bankruptcy Case Filed by any Spouse, Partner, or  | Affiliate of this Debtor (If more tha  | n one, attach additional sheet)  |
| Name of Debte<br>- None -  | or:   | Case Number:   | Date Filed:  |
| District:  |   | Relationship:  | Judge:   |
|  | Exhibit A   |  | xhibit B al whose debts are primarily consumer debts.)   |
| forms 10K as<br>pursuant to S<br>and is reques   | leted if debtor is required to file periodic reports (e.g., and 10Q) with the Securities and Exchange Commission ection 13 or 15(d) of the Securities Exchange Act of 1934 ting relief under chapter 11.)                       | I, the attorney for the petitioner name have informed the petitioner that [he 12, or 13 of title 11, United States Counder each such chapter. I further cer required by 11 U.S.C. §342(b). | ed in the foregoing petition, declare that I or she] may proceed under chapter 7, 11, ode, and have explained the relief available rtify that I delivered to the debtor the notice |
| ☐ Exhibit .  | A is attached and made a part of this petition.   | X_/s/ JEFFRY A. DAHLBERO<br>Signature of Attorney for Debtor(s<br>JEFFRY A. DAHLBERG   |  |
|  | Exh   | ibit C   |  |
|  | r own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition.  | pose a threat of imminent and identifiable   | e harm to public health or safety?   |
|  | Exh   | ibit D   |  |
| _  | eted by every individual debtor. If a joint petition is filed, ea   | •  | a separate Exhibit D.)   |
| If this is a join  | D completed and signed by the debtor is attached and made at petition:  | a part of this petition.   |  |
| , and the second | D also completed and signed by the joint debtor is attached a   | and made a part of this petition.  |  |
|  | Information Regardin  | _  |  |
| _  | (Check any ap<br>Debtor has been domiciled or has had a residence, principal  | -  | ets in this District for 180   |
| -  | days immediately preceding the date of this petition or for   |  |  |
|  | There is a bankruptcy case concerning debtor's affiliate, ge  | eneral partner, or partnership pending   | g in this District.  |
|  | Debtor is a debtor in a foreign proceeding and has its princ<br>this District, or has no principal place of business or assets<br>proceeding [in a federal or state court] in this District, or the<br>sought in this District. | in the United States but is a defenda  | ant in an action or  |
|  | Certification by a Debtor Who Reside<br>(Check all app  |  | rty  |
|  | Landlord has a judgment against the debtor for possession   |  | , complete the following.)   |
|  | (Name of landlord that obtained judgment)   | <u> </u>   |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  | (Address of landlord)   |  |  |
|  | Debtor claims that under applicable nonbankruptcy law, the entire monetary default that gave rise to the judgment is  |  |  |
|  | Debtor has included with this petition the deposit with the after the filing of the petition.   | • •  | -  |
|  | Debtor certifies that he/she has served the Landlord with the   | his certification. (11 U.S.C. § 362(1)).   |  |

### B1 (Official Form 1)(04/13)

**Voluntary Petition** 

(This page must be completed and filed in every case)

#### Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Nichole L.M. Leombruni

Signature of Debtor Nichole L.M. Leombruni

 $\mathbf{X}_{\cdot}$ 

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

January 7, 2015

Date

### Signature of Attorney\*

#### X /s/ JEFFRY A. DAHLBERG

Signature of Attorney for Debtor(s)

#### JEFFRY A. DAHLBERG

Printed Name of Attorney for Debtor(s)

Balsley & Dahlberg

Firm Name

5130 North Second Street Loves Park, IL 61111

Address

Email: www.balsleylawoffice.com

(815) 877-2593 Fax: (815) 877-7965

Telephone Number

January 7, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### **Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

 $\mathbf{X}$ 

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s):

Leombruni, Nichole L.M.

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

X

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

### **United States Bankruptcy Court Northern District of Illinois**

|       |                        | Northern District of Immois |          |   |
|-------|------------------------|-----------------------------|----------|---|
| In re | Nichole L.M. Leombruni | (                           | Case No. |   |
|       |                        | Debtor(s)                   | Chapter  | 7 |
|       |                        |                             |          | • |

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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| 1D (Official Form 1, Exhibit D) (12/09) - Cont. Page 2  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, of through the Internet.); ☐ Active military duty in a military combat zone. |  |  |  |  |  |  |
| □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.   |  |  |  |  |  |  |
| I certify under penalty of perjury that the information provided above is true and correct.   |  |  |  |  |  |  |
| Signature of Debtor: /s/ Nichole L.M. Leombruni Nichole L.M. Leombruni  |  |  |  |  |  |  |
| Date: January 7, 2015   |  |  |  |  |  |  |

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B6 Summary (Official Form 6 - Summary) (12/14)

### **United States Bankruptcy Court Northern District of Illinois**

| In re | Nichole L.M. Leombruni |        | Case No. |   |  |
|-------|------------------------|--------|----------|---|--|
| _     |                        | Debtor | ,        |   |  |
|       |                        |        | Chapter  | 7 |  |
|       |                        |        | *        |   |  |

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property  | Yes                  | 1                | 0.00              |             |          |
| B - Personal Property  | Yes                  | 3                | 3,252.00          |             |          |
| C - Property Claimed as Exempt   | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims   | Yes                  | 1                |                   | 0.00        |          |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 11               |                   | 133,845.90  |          |
| G - Executory Contracts and<br>Unexpired Leases                                    | Yes                  | 1                |                   |             |          |
| H - Codebtors  | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                      | Yes                  | 2                |                   |             | 3,067.00 |
| J - Current Expenditures of Individual<br>Debtor(s)                                | Yes                  | 2                |                   |             | 3,010.00 |
| Total Number of Sheets of ALL Schedu   | ıles                 | 24               |                   |             |          |
|  | T                    | otal Assets      | 3,252.00          |             |          |
|  |                      |                  | Total Liabilities | 133,845.90  |          |

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B 6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Nichole L.M. Leombruni |        | Case No. |   |
|-------|------------------------|--------|----------|---|
| -     |                        | Debtor | ,        |   |
|       |                        |        | Chapter  | 7 |

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount   |
|---|----------|
| Domestic Support Obligations (from Schedule E)  | 0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00     |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00     |
| Student Loan Obligations (from Schedule F)  | 8,854.00 |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00     |
| TOTAL   | 8,854.00 |

### State the following:

| Average Income (from Schedule I, Line 12)  | 3,067.00 |
|--|----------|
| Average Expenses (from Schedule J, Line 22)  | 3,010.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 3,764.14 |

#### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |      | 0.00       |
|--|------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |            |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00       |
| 4. Total from Schedule F   |      | 133,845.90 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 133,845.90 |

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B6A (Official Form 6A) (12/07)

| In re | Nichole L.M. Leombruni | Case No. |
|-------|------------------------|----------|
| -     |                        | Debtor   |

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Wife, Joint, or Community

Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Amount of Secured Claim

None

Sub-Total > 0.00 (Total of this page)

Total > 0.00

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | Nichole L.M. Leombruni | Case No. |  |
|-------|------------------------|----------|--|
| _     |                        | Debtor   |  |

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|    | Type of Property   | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
|----|--|------------------|--------------------------------------|---|--|
| 1. | Cash on hand   | X                |                                      |   |  |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or   | Asso             | ciated Bank/ checking                | -   | 40.00  |
|    | shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | Asso             | ciated Bank/ savings                 | -   | 12.00  |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others.   | X                |                                      |   |  |
| 4. | Household goods and furnishings, including audio, video, and computer equipment.   | Misc.            | household goods and furnishings      | -   | 1,200.00   |
| 5. | Books, pictures and other art<br>objects, antiques, stamp, coin,<br>record, tape, compact disc, and<br>other collections or collectibles.      | X                |                                      |   |  |
| 6. | Wearing apparel.   | Cloth            | ing and personal items               | -   | 1,000.00   |
| 7. | Furs and jewelry.  | Χ                |                                      |   |  |
| 8. | Firearms and sports, photographic, and other hobby equipment.  | X                |                                      |   |  |
| 9. | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.                 | X                |                                      |   |  |
| 10 | Annuities. Itemize and name each issuer.   | X                |                                      |   |  |
|    |  |                  |                                      |   |  |
|    |  |                  |                                      | Sub-Tota                                    | al > 2,252.00  |

2 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Nichole L.M. Leombruni | Case No. |
|-------|------------------------|----------|
| _     |                        | •        |

Debtor

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |                                      |   |   |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |                                      |   |   |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |                                      |   |   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |                                      |   |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |                                      |   |   |
| 16. | Accounts receivable.  | Χ                |                                      |   |   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | Owed back ch     | ild support                          | -   | 1,000.00  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |                                      |   |   |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |                                      |   |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | Х                |                                      |   |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |                                      |   |   |
|     |   |                  | (                                    | Sub-Total<br>(Total of this page)           | al > 1,000.00   |

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re  | Nichole L.M. Leombruni | Case No. |
|--------|------------------------|----------|
| III IC | Nichole E.M. Leombrani | Case No. |

Debtor

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |                                      |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | Χ                |                                      |   |   |
| 26. | Boats, motors, and accessories.   | Χ                |                                      |   |   |
| 27. | Aircraft and accessories.   | Χ                |                                      |   |   |
| 28. | Office equipment, furnishings, and supplies.  | Χ                |                                      |   |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | Χ                |                                      |   |   |
| 30. | Inventory.  | Χ                |                                      |   |   |
| 31. | Animals.  | Χ                |                                      |   |   |
| 32. | Crops - growing or harvested. Give particulars.   | Χ                |                                      |   |   |
| 33. | Farming equipment and implements.   | Χ                |                                      |   |   |
| 34. | Farm supplies, chemicals, and feed.   | X                |                                      |   |   |
| 35. | Other personal property of any kind not already listed. Itemize.  | X                |                                      |   |   |

 $\begin{array}{ccc} \hline Sub\text{-Total} > & 0.00 \\ (Total of this page) & \\ Total > & 3,252.00 \\ \hline \end{array}$ 

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

| In re | Nichole L.M. Leombruni | Case No |  |
|-------|------------------------|---------|--|
|       |                        | Dobtor  |  |

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds                         |
|---|---|
| (Check one box)   | \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafte |
| ☐ 11 U.S.C. §522(b)(2)  | with respect to cases commenced on or after the date of adjustment.)                |
| ■ 11 U.S.C. §522(b)(3)  |   |

| Description of Property   | Specify Law Providing Each Exemption | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|---|--------------------------------------|----------------------------------|---|
| Household Goods and Furnishings Misc. household goods and furnishings       | 735 ILCS 5/12-1001(b)                | 1,200.00                         | 1,200.00  |
| Wearing Apparel Clothing and personal items                                 | 735 ILCS 5/12-1001(a)                | 1,000.00                         | 1,000.00  |
| Alimony, Maintenance, Support, and Property Settlen Owed back child support | nents<br>735 ILCS 5/12-1001(g)(4)    | Unknown                          | 1,000.00  |

Total: 2,200.00 3,200.00

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B6D (Official Form 6D) (12/07)

| In re | Nichole L.M. Leombruni | Case No. | _ |
|-------|------------------------|----------|---|
| _     |                        | Debtor   |   |

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu<br>H<br>W<br>J<br>C | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN | CONFLXGENT   | UNLLQULDATED | DISPUTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|----------|------------------------|--|--------------|--------------|----------|--|---------------------------------|
| Account No.  |          |                        |  | Т            | T<br>E       |          |  |                                 |
|  |          |                        | Value \$   |              | D            |          |  |                                 |
| Account No.  |          |                        |  |              |              |          |  |                                 |
|  |          |                        |  |              |              |          |  |                                 |
|  |          |                        | Value \$   |              |              |          |  |                                 |
| Account No.  |          |                        | Value \$   |              |              |          |  |                                 |
| Account No.  |          |                        |  |              |              |          |  |                                 |
|  |          |                        | Value \$   |              |              |          |  |                                 |
| continuation sheets attached   |          |                        | S<br>(Total of th  | ubte<br>is p |              | - 1      |  |                                 |
|  |          |                        | (Report on Summary of Sci  |              | ota<br>ule   | - 1      | 0.00   | 0.00                            |

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B6E (Official Form 6E) (4/13)

| In re | Nichole L.M. Leombruni | Case I | No |
|-------|------------------------|--------|----|
| -     |                        | Debtor |    |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| total also on the Statistical Summary of Certain Liabilities and Related Data.   |
|--|
| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.  |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)  |
| ☐ Domestic support obligations   |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).  |
| ☐ Extensions of credit in an involuntary case  |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).  |
| ☐ Wages, salaries, and commissions   |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans  |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).  |
| ☐ Certain farmers and fishermen  |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).   |
| ☐ Deposits by individuals  |
| Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
| ☐ Taxes and certain other debts owed to governmental units   |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).  |
| ☐ Commitments to maintain the capital of an insured depository institution   |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).   |
| ☐ Claims for death or personal injury while debtor was intoxicated   |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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| In re | Nichole L.M. Leombruni | Case No. | _ |
|-------|------------------------|----------|---|
| _     |                        | Debtor   |   |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,  | C        | Н           | usband, Wife, Joint, or Community                                    | C           | U           | D      |                 |
|---|----------|-------------|--|-------------|-------------|--------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                | CODEBTOR | C<br>A<br>H | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETORE SO STATE      | NT I NG E N | UNLIQUIDAT  | SPUTED | AMOUNT OF CLAIM |
| Account No. 60567   |          |             | loan   | T           | T<br>E<br>D |        |                 |
| AAA Community Finance<br>P.O. Box 190<br>Bethalto, IL 62010                                     |          | -           |  |             | D           |        | 530.13          |
| Account No.   | ╁        |             | collections for OSF Congential Heart Center,                         | +           | +           |        | 330.13          |
| Account Recovery Services<br>P.O. Box 2526<br>5183 Harlem Road, Suite 7<br>Loves Park, IL 61132 |          | -           | Stephen Kiley LCSW, Cornerstone Clinic LTD, and other misc. accounts |             |             |        | 829.60          |
| Account No.  American TV c/o Comenity BK Dept fka WFNNB P.O. Box 182125 Columbus, OH 43218-2125 |          | -           | merchandise  |             |             |        |                 |
| Account No.   | 4        |             | collections for Sprint Novtal, and other miss                        | _           |             |        | 200.00          |
| Anderson Financial Network Bankruptcy Administration 404 Brock Street Bloomington, IL 61701     |          | -           | collections for Sprint, Nextel, and other misc. accounts             |             |             |        | 619.00          |
| 10 continuation sheets attached   |          |             | (Total of  | Sub<br>this |             |        | 2,178.73        |

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| In re | Nichole L.M. Leombruni | Case No |  |
|-------|------------------------|---------|--|
| _     |                        | Debtor  |  |

|   | С       | Hu               | sband, Wife, Joint, or Community  | С         | Ιυ          | D        |                 |
|---|---------|------------------|---|-----------|-------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)         | ODEBTOR | H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | LIQU        |          | AMOUNT OF CLAIM |
| Account No.   |         |                  | medical   | ٦         | T<br>E<br>D |          |                 |
| Arturo S. Manas, M.D.<br>1415 E. State Street, #800<br>Rockford, IL 61104                                 |         | -                |   |           |             |          | 1,748.81        |
| Account No.   | ╁       |                  | collections for Wells Fargo Bank, Slumberland,  | +         | ╁           | $\vdash$ | .,              |
| Calvary Portfolio Services<br>7 Skyline Drive, 3rd Floor<br>Hawthorne, NY 10532                           |         | -                | and other misc. accounts  |           |             |          | 4,624.00        |
| Account No. 37556367  | ╁       |                  | loan  | +         | -           | $\vdash$ | ,               |
| CashnetUSA<br>200 W. Jackson Blvd, Ste 2400<br>Chicago, IL 60606  |         | -                |   |           |             |          | 904.50          |
| Account No.   | ╁       |                  | misc. charges   |           | <u> </u>    |          |                 |
| Chase Credit Cards<br>P. O. Box 15298<br>Wilmington, DE 19850-5298  |         | -                |   |           |             |          | 1,369.00        |
| Account No.   | ╁       |                  | December 23, 2003   | +         |             | $\vdash$ | , ,             |
| Chase Home Finance<br>c/o Codilis & Associates<br>15W030 N. Frontage Rd., Ste 100<br>Burr Ridge, IL 60527 |         | -                | 2010 CH 1070  |           |             |          | 78,727.96       |
| Sheet no1 of _10_ sheets attached to Schedule of  | _       | 1                |   | Sub       | tota        | ıl       |                 |
| Creditors Holding Unsecured Nonpriority Claims  |         |                  | (Total of   | this      | pag         | ge)      | 87,374.27       |

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| In re | Nichole L.M. Leombruni | Case No |  |
|-------|------------------------|---------|--|
| -     |                        | Debtor  |  |

|   | _      | 1     |   | 1       |           | 1.5    | · · · · · · · · · · · · · · · · · · · |
|---|--------|-------|---|---------|-----------|--------|---------------------------------------|
| CREDITOR'S NAME,  | CO     | Hu    | sband, Wife, Joint, or Community  |         |           | D      |                                       |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                      | DEBTOR | A A C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.   | NTINGEN | LIQUIDATE | SPUTED | AMOUNT OF CLAIM                       |
| Account No. 00089137  |        |       | loan  | Т       | E         |        |                                       |
| Credit Box a/k/a Americash<br>P.O. Box 168<br>Des Plaines, IL 60016                                   |        | -     |   |         | D         |        | 849.55                                |
| Account No.   |        |       | collection for Commonwealth Edison, Geico   | T       | T         |        |                                       |
| Credit Collection Services<br>Two Wells Avenue<br>Newton, MA 02459                                    |        | -     | General Insurance Company, and other misc. accounts   |         |           |        | 1,058.73                              |
| Account No.   |        |       | collection for Charter Communications, Comcast  |         |           |        | 1,000.70                              |
| Credit Management 4200 International Pkwy Carrollton, TX 75007-1912                                   |        | -     | Communications, and other misc. accounts  |         |           |        | 298.22                                |
| Account No.   |        |       | collection for Commonwealth Edison, HSBC  |         |           |        |                                       |
| Credit Protection Association<br>13355 Noel Road, Ste 2100<br>Dallas, TX 75240                        |        | -     | Bank, Kay Jewlers, and other misc. accounts   |         |           |        | 472.53                                |
| Account No.   |        |       | collection for Guzzardo Music, Swedish American   | T       | T         |        |                                       |
| Creditors' Protection Service<br>308 W. State St, Ste 485<br>P.O. Box 4115<br>Rockford, IL 61110-0615 |        | -     | Health System, Joseph Stewart MD, Rockford Anesthesiologists, Rockford Health Physicians, Rockford Ambulatory, Rockford Psychiatric, Rockford Health Physicians, and other misc. accounts |         |           |        | 4,826.21                              |
| Sheet no. 2 of 10 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims       |        | •     | (Total of   | Sub     |           |        | 7,505.24                              |

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| In re | Nichole L.M. Leombruni | Case No. |  |
|-------|------------------------|----------|--|
| •     |                        | Debtor   |  |

|   | 1 -      | 1                      |   | ٦         |     | 1-       | T               |
|---|----------|------------------------|---|-----------|-----|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu<br>H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN |     | DISPUTED | AMOUNT OF CLAIM |
| Account No.   |          |                        | collections for Swedish American Hospital, and  | T         | E   |          |                 |
| Dennis A. Brebner & Associates<br>860 Northpoint Blvd.<br>Waukegan, IL 60085-8211                 |          | -                      | other misc. accounts  |           | D   |          | 494.90          |
| Account No.   | t        |                        | dental  |           |     |          |                 |
| Dennis J. Flanagan D.D.S., M.S.<br>1075 Featherstone Road<br>Rockford, IL 61107                   |          | -                      |   |           |     |          | 390.00          |
| Account No.   | ł        |                        | collection for Directy, and other misc. accounts  |           |     |          | 000.00          |
| Diversified Consultants Inc<br>P.O. Box 1391<br>Southgate, MI 48195-0391                          |          | -                      |   |           |     |          | 482.30          |
| Account No. 81533511971   | t        |                        | services  |           |     |          |                 |
| Frontier Bankruptcy Dept<br>11799 N College Ave<br>Carmel, IN 46032                               |          | -                      |   |           |     |          | 158.20          |
| Account No. 418873  | f        |                        | services  |           |     | $\vdash$ |                 |
| Gills Freeport Disposal Inc.<br>735 N. Van Buren<br>P.O. Box 64<br>Freeport, IL 61032             |          | -                      |   |           |     |          | 60.00           |
| Sheet no. 3 of 10 sheets attached to Schedule of  | _        | _                      | S   | ubt       | ota | ıl       | 4.505.40        |
| Creditors Holding Unsecured Nonpriority Claims  |          |                        | (Total of t   | nis       | pag | ge)      | 1,585.40        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Nichole L.M. Leombruni | Case No |  |
|-------|------------------------|---------|--|
| _     |                        | Debtor  |  |

| CREDITOR'S NAME,  | CO       | Hu          | sband, Wife, Joint, or Community  | C          | U<br>N     | D               |     |                 |
|---|----------|-------------|---|------------|------------|-----------------|-----|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                        | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | LIQUIDATED | D I S P U T E D | , [ | AMOUNT OF CLAIM |
| Account No. 1121030   |          |             | services  | ] T        | T<br>E     |                 |     |                 |
| Glenwood Center<br>2823 Glenwood Avenue<br>Rockford, IL 61101-3599                                      |          | -           |   |            | D          |                 | -   | 38.50           |
| Account No.   | T        | T           | deficiency balance on auto loan   | T          |            | T               | Ť   |                 |
| Grant Park Auto Sales<br>908 Broadway<br>Rockford, IL 61104   |          | -           |   |            |            |                 |     |                 |
|   |          |             |   |            |            | L               |     | 5,000.00        |
| Account No.  Attorney Thomas Luchetti Suite 210 Stewart Square 308 West State Street Rockford, IL 61101 |          |             | Additional Notice for creditor Grant Park Auto Sales  |            |            |                 |     | Notice Only     |
| Account No.  Illinois Pathologist Services, LLC P.O. Box 1259, Dept #88680 Oaks, PA 19456               |          | -           | medical   |            |            |                 |     | 4.50            |
| Account No. 00080185  Ispeedyloans.com a/k/a Americash P.O. Box 184 Des Plaines, IL 60016               |          | -           | loan  |            |            |                 |     | 686.08          |
| Sheet no. 4 of 10 sheets attached to Schedule of  |          |             |   | Subt       |            |                 | Ť   | 5,729.08        |
| Creditors Holding Unsecured Nonpriority Claims  |          |             | (Total of t   | nis '      | pag        | (e)             | -1  | •               |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Nichole L.M. Leombruni | Case No |  |
|-------|------------------------|---------|--|
| _     |                        | Debtor  |  |

|   | 10       | 1        | about Wife Isiat or Occasionity   | 16          | 1        | D | <u> </u>        |
|---|----------|----------|---|-------------|----------|---|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                           | CODEBTOR | H W      | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN   |          | 1 | AMOUNT OF CLAIM |
| Account No. 3616  |          |          | dental  | Т           | E        |   |                 |
| John E. Halversen Jr., D.D.S.<br>1110 S. Mulford Road<br>Rockford, IL 61108   |          | -        |   |             | D        |   | 210.90          |
| Account No.   | t        |          | services  | $\dagger$   | $\vdash$ | T |                 |
| Medical Diagnostic Laboratories LLC<br>2439 Kuser Road<br>Hamilton, NJ 08690-3303   |          | -        |   |             |          |   | 122.82          |
| Account No.   | ╀        |          | collection for Janusz Skwark, and other misc.   | +           | +        | + | 122.02          |
| Medical-Dental-Hospital Bureau<br>7834 N Second St Unit 5<br>Machesney Park, IL 61115                                       |          | -        | accounts  |             |          |   | 263.34          |
| Account No.   | +        |          | fees  | +           |          |   |                 |
| MembersAlliance Credit Union<br>2550 S. Alpine Road<br>Rockford, IL 61108   |          | -        |   |             |          |   | 600.00          |
| Account No.   | +        | $\vdash$ |   | +           | $\vdash$ |   |                 |
| MembersAlliance Credit Union<br>c/o Attorney William A. Reilly II<br>6801 Spring Creek Road, Suite 2D<br>Rockford, IL 61114 |          |          | Additional Notice for creditor<br>MembersAlliance Credit Union                                |             |          |   | Notice Only     |
| Sheet no. <u>5</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims               | f        | 1        | (Total of   | Sub<br>this |          |   | 1,197.06        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Nichole L.M. Leombruni | Case No |  |
|-------|------------------------|---------|--|
| _     |                        | Debtor  |  |

| CREDITOR'S NAME,  | Ç             | Нι          | usband, Wife, Joint, or Community                  | C     | U          | D             |                 |
|---|---------------|-------------|--|-------|------------|---------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  | O D E B T O R | C<br>A<br>M | CONSIDERATION FOR CLAIM. IF CLAIM                  | COZH  | ZL_QU_DAFE | I S P U T E D | AMOUNT OF CLAIM |
| Account No.   |               | Г           | collections for Aspen Mastercard, and other misc.  | Т     | T          |               |                 |
| Midland Credit Management<br>8875 Aero Drive, Suite 200<br>San Diego, CA 92123  |               | -           | accounts   |       | D          |               | 768.00          |
| Account No.   |               | Г           | 2009 SC 200  |       |            |               |                 |
| Midland Credit Management, Inc.<br>Blatt Hasenmiller Leibsker & Moore<br>211 Landmark Drive, Ste. C-1<br>Normal, IL 61761 |               | -           |  |       |            |               | 1,241.10        |
| Account No.   |               | T           | collections for Harlem Consolidated School,        |       |            |               |                 |
| Mutual Management Services<br>7177 Crimson Ridge Drive, Ste 10<br>P.O. Box 8740<br>Rockford, IL 61126-6235                |               | -           | Swedish American MSO, and other misc. accounts     |       |            |               | 4,372.50        |
| Account No.   |               | H           | collection for NiCor Gas, and other misc. accounts |       |            |               |                 |
| NCO Financial Systems<br>507 Prudential Road<br>Horsham, PA 19044-2308  |               | -           |  |       |            |               | 626.35          |
| Account No.   |               | T           | medical  |       |            |               |                 |
| OSF Common Business Office<br>P.O. Box 1806<br>Peoria, IL 61656-1712  |               | -           |  |       |            |               | 85.00           |
| Sheet no. 6 of 10 sheets attached to Schedule of  |               | _           | S  | ubt   | ota        | l             | 7,000,05        |
| Creditors Holding Unsecured Nonpriority Claims  |               |             | (Total of t  | nis r | oag        | e)            | 7,092.95        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Nichole L.M. Leombruni | Ca       | se No |
|-------|------------------------|----------|-------|
| -     |                        | Debtor , |       |

| CREDITOR'S NAME,  | C        | Hu          | sband, Wife, Joint, or Community  | C        |              |               |                 |
|---|----------|-------------|---|----------|--------------|---------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)    | CODEBTOR | J<br>H<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | ONTLNGEN | DNLIQUIDATED | I S P U T E D | AMOUNT OF CLAIM |
| Account No. 5468  |          |             | services  | Т        | E            |               |                 |
| Pedersen Appliance Repair<br>7440 N. River Road<br>Byron, IL 61010                  |          | -           |   |          | D            |               | 49.95           |
| Account No. 000608567-00  | ╁        |             | Ioan  |          |              |               | 10.00           |
| Radinant Cash<br>P.O. Box 1183<br>Lac Du Flambeau, WI 54538                         |          | -           |   |          |              |               | 900.00          |
| Account No.   | ╀        | _           | medical   | +        | ╁            | ╁             | 300.00          |
| RMH Pathologists LTD<br>c/o PBO, Inc.<br>6785 Weaver Road, #D<br>Rockford, IL 61114 |          | -           |   |          |              |               | 9.00            |
| Account No.   | 1        |             | medical   |          | $^{+}$       | t             |                 |
| Rockford Ambulatory Surgery Center<br>P.O. Box 4661<br>Rockford, IL 61107           |          | -           |   |          |              |               | 856.93          |
| Account No.   | t        |             | collection for Rockford Radiology, Rockford   | +        | +            | +             |                 |
| Rockford Mercantile Agency<br>2502 S. Alpine Road<br>Rockford, IL 61108             |          | -           | Associated Pathologists, OSF St. Anthony Medical Center, and other misc. accounts                   |          |              |               | 2,708.80        |
| Sheet no7 of _10_ sheets attached to Schedule of                                    |          |             |   | Sub      | tot          | <br>al        | 2,700.00        |
| Creditors Holding Unsecured Nonpriority Claims                                      |          |             | (Total of   |          |              |               | 4,524.68        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Nichole L.M. Leombruni | Case No |  |
|-------|------------------------|---------|--|
| -     |                        | Debtor  |  |

|  | 1 -      | 1            |   |           |      | -      | Г               |
|--|----------|--------------|---|-----------|------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                      | CODEBTOR | Hu<br>H<br>C | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | I Q  | T<br>E | AMOUNT OF CLAIM |
| Account No. 1357   |          |              | services  | Т         | E    |        |                 |
| RPMS<br>P.O. Box 957<br>Rockford, IL 61105   |          | -            |   |           | D    |        | 595.00          |
| Account No.  | t        |              | student loans   |           | t    |        |                 |
| Sallie Mae Loan Servicing Center<br>Attn: Bankruptcy Litigation<br>P.O. Box 9430, E3149<br>Wilkes-Barre, PA 18773-9430 |          | -            |   |           |      |        | 656.00          |
| Account No. 00207354   | T        |              | rent  |           | t    |        |                 |
| Signature Property Management<br>4445 Marsh Hawk Drive<br>Loves Park, IL 61111   |          | -            |   |           |      |        | 1,300.00        |
| Account No. 58613220   | ╁        |              | loan  |           |      |        |                 |
| Silvercloud Financial<br>635 East Hwy 20C<br>Upper Lake, CA 95485  |          | -            |   |           |      |        | 780.00          |
| Account No.  | t        |              | medical   |           | t    | F      |                 |
| Swedish American Hospital<br>P.O. Box 310283<br>Des Moines, IA 50331-0283  |          | -            |   |           |      |        | 765.49          |
| Sheet no. <u>8</u> of <u>10</u> sheets attached to Schedule of   |          | <u> </u>     | ı   | Sub       | tota | ıl     | 4.000.40        |
| Creditors Holding Unsecured Nonpriority Claims   |          |              | (Total of   | this      | pag  | ge)    | 4,096.49        |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Nichole L.M. Leombruni | Case No |  |
|-------|------------------------|---------|--|
| _     |                        | Debtor  |  |

|   | _        | ш.,    | sband, Wife, Joint, or Community                                  | _        | 11          | D         |                 |
|---|----------|--------|---|----------|-------------|-----------|-----------------|
| CREDITOR'S NAME,<br>MAILING ADDRESS                       | ŏ        |        | Solard, Write, Joint, of Community                                | HZOO     | U<br>N<br>L | 1         |                 |
| INCLUDING ZIP CODE,                                       | CODEBTOR | H<br>W | DATE CLAIM WAS INCURRED AND                                       | Ϊ        | - QD        | S P U T E |                 |
| AND ACCOUNT NUMBER  | Ť        | C      | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | N<br>G   | Ü           | Ť         | AMOUNT OF CLAIM |
| (See instructions above.)                                 | Ř        |        |   | ZGШZ     | D<br>A      | D         |                 |
| Account No.   |          |        | collections for Commonwealth Edision, and other                   | Т        | DATED       |           |                 |
|   |          |        | misc. accounts  |          | D           |           | _               |
| Torres Credit Services Inc                                |          |        |   |          |             |           |                 |
| 27 Fairview   |          | -      |   |          |             |           |                 |
| Carlisle, PA 17013  |          |        |   |          |             |           |                 |
|   |          |        |   |          |             |           | 908.00          |
| Account No.   |          |        | collections for: Who Video and other misc.                        | $\vdash$ |             | _         |                 |
| Account No.   |          |        | accounts  |          |             |           |                 |
| Tri-State Adjustments Freeport, Inc                       |          |        |   |          |             |           |                 |
| 440 Challenge Street                                      |          | -      |   |          |             |           |                 |
| P.O. Box 882  |          |        |   |          |             |           |                 |
| Freeport, IL 61032  |          |        |   |          |             |           |                 |
|   |          |        |   |          |             |           | 36.00           |
| Account No.   |          |        | student loan  |          |             |           |                 |
|   |          |        |   |          |             |           |                 |
| U.S. Department of Education Direct Loan Servicing Center |          | _      |   |          |             |           |                 |
| P.O. Box 5202   |          |        |   |          |             |           |                 |
| Greenville, TX 75403-5202                                 |          |        |   |          |             |           |                 |
| ,   |          |        |   |          |             |           | 8,198.00        |
| Account No.   |          |        | collection for North Suburban Library District and                |          |             |           |                 |
|   |          |        | other misc. accounts  |          |             |           |                 |
| Unique National Collections                               |          |        |   |          |             |           |                 |
| 119 E. Maple Street                                       |          | -      |   |          |             |           |                 |
| Jeffersonville, IN 47130                                  |          |        |   |          |             |           |                 |
|   |          |        |   |          |             |           | 446.00          |
| Account No.   |          |        | services  |          |             |           |                 |
| 1.2000  |          |        |   |          |             |           |                 |
| Verizon Wireless  |          |        |   |          |             |           |                 |
| Operations Support  |          | -      |   |          |             |           |                 |
| 777 Big Timber Road                                       |          |        |   |          |             |           |                 |
| Elgin, IL 60123   |          |        |   |          |             |           |                 |
|   |          |        |   |          |             |           | 82.00           |
| Sheet no. 9 of 10 sheets attached to Schedule of          |          |        | S   | Subt     | ota         | 1         | 9,670.00        |
| Creditors Holding Unsecured Nonpriority Claims            |          |        | (Total of t   | his į    | pag         | ge)       | 3,57 5.50       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Nichole L.M. Leombruni | Case No |  |
|-------|------------------------|---------|--|
| _     |                        | Debtor  |  |

| CREDITOR'S NAME,   | CO       | Ηυ          | usband, Wife, Joint, or Community   | C          | U    | D        |            |
|--|----------|-------------|---|------------|------|----------|------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT |      | DISPUTED |            |
| Account No.  |          |             | misc. charges   | 7 ⊤        | Ė    |          |            |
| Wells Fargo Financial Bank<br>P.O. Box 5943<br>Sioux Falls, SD 57117-5943        |          | -           |   |            | D    |          | 2,806.00   |
| Account No.  |          | T           | collections for Infinity Healthcare Physicians SC,  |            |      |          |            |
| West Asset Management<br>2703 N US Highway 75<br>Sherman, TX 75090-2567          |          | -           | and other misc. accounts  |            |      |          |            |
|  |          |             |   |            |      |          | 86.00      |
| Account No.  |          |             |   |            |      |          |            |
| Account No.  |          |             |   |            |      |          |            |
| Account No.  |          |             |   |            |      |          |            |
|  |          |             |   |            |      |          |            |
| Sheet no10_ of _10_ sheets attached to Schedule of                               |          | 上           | <u> </u>  | Sub        | tota | 1        |            |
| Creditors Holding Unsecured Nonpriority Claims                                   |          |             | (Total of t   |            |      |          | 2,892.00   |
|  |          |             | •   |            | Γota |          |            |
|  |          |             | (Report on Summary of So  |            |      |          | 133,845.90 |

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B6G (Official Form 6G) (12/07)

| In re | Nichole L.M. Leombruni | Case No. |  |
|-------|------------------------|----------|--|
| -     |                        | Debtor   |  |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-80041 Doc 1 Filed 01/09/15 Entered 01/09/15 09:34:55 Desc Main Document Page 27 of 52

B6H (Official Form 6H) (12/07)

| In re | Nichole L.M. Leombruni | Case No  |  |
|-------|------------------------|----------|--|
| -     |                        | , Debtor |  |

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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|             |   |                                     |  |   |            |      | _           |   |                          |                                   |           |
|-------------|---|-------------------------------------|--|---|------------|------|-------------|---|--------------------------|-----------------------------------|-----------|
| Fill        | in this information to  | o identify your ca                  | ase:   |   |            |      |             |   |                          |                                   |           |
| Deb         | otor 1  | Nichole L.M.                        | Leombruni  |   |            | _    |             |   |                          |                                   |           |
| -           | otor 2<br>ouse, if filing)  |                                     |  |   |            |      |             |   |                          |                                   |           |
| Uni         | ted States Bankrup  | tcy Court for the                   | : NORTHERN DISTRIC   | CT OF ILLINOIS                                      |            |      |             |   |                          |                                   |           |
|             | se number   |                                     |  |   |            |      | □ A         |   | d filing<br>ent showing  | g post-petitior<br>ollowing date: | n chapter |
| <u>O</u>    | fficial Form  | B 6I                                |  |   |            |      | N           | M / DD/ Y                                 | YYY                      |                                   |           |
| S           | chedule I: `  | Your Inc                            | ome  |   |            |      |             |   |                          |                                   | 12/13     |
| spo<br>atta | use. If you are sep<br>ch a separate shee<br>t1: Describe                               | earated and you<br>et to this form. | are married and not filii<br>r spouse is not filing wi<br>On the top of any additi | ith you, do not incl                                | ude infor  | mati | on about    | t your spo<br>umber (if l                 | ouse. If mo<br>known). A | ore space is i<br>nswer every     | needed,   |
|             | information.  | dhaan aan Sala                      |  |   |            |      |             | Debtor 2 or non-filing spouse  ☐ Employed |                          |                                   |           |
|             | If you have more than one job, attach a separate page with information about additional | page with                           | Employment status  | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |            |      |             | □ Not er                                  | •                        |                                   |           |
|             | employers.  |                                     | Occupation   | Claims Examine                                      | er         |      |             |   |                          |                                   |           |
|             | Include part-time, self-employed wo   |                                     | Employer's name  | Cobalt Med Pla                                      | ns         |      |             |   |                          |                                   |           |
|             | Occupation may in or homemaker, if  |                                     | Employer's address   | 4920 Marlin Dri<br>Machesney Par                    |            | 15   |             |   |                          |                                   |           |
|             |   |                                     | How long employed to   | here? <u>1.5 ye</u>                                 | ars        |      |             | _   |                          |                                   |           |
| Par         | t 2: Give Det   | tails About Mor                     | nthly Income   |   |            |      |             |   |                          |                                   |           |
|             | mate monthly incouse unless you are   |                                     | ate you file this form. If   | you have nothing to                                 | report for | any  | line, write | \$0 in the                                | space. Inc               | lude your nor                     | n-filing  |
|             | u or your non-filing<br>e space, attach a se  |                                     | ore than one employer, co  | ombine the informati                                | on for all | empl | oyers for   | that perso                                | n on the lir             | nes below. If y                   | ou need   |
|             |   |                                     |  |   |            |      | For Dek     | otor 1                                    |                          | otor 2 or<br>ng spouse            |           |
| 2.          |   |                                     | ry, and commissions (becalculate what the monthle                                  |   | 2.         | \$   | 2           | ,810.00                                   | \$                       | N/A                               |           |
| 3.          | Estimate and list   | t monthly overt                     | ime pay.   |   | 3.         | +\$  | <u> </u>    | 0.00                                      | +\$                      | N/A                               |           |
| 4.          | Calculate gross   | Income. Add lir                     | ne 2 + line 3.   |   | 4.         | \$   | 2,8         | 10.00                                     | \$                       | N/A                               |           |

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| Deb | otor 1                          | Nichole L.M. Leombruni   | _                                | Case   | number (if known)                    |  | _                            |
|-----|---------------------------------|--|----------------------------------|--|--------------------------------------|--|------------------------------|
|     |                                 |  |                                  | For  | Debtor 1                             |  | Debtor 2 or<br>Filing spouse |
|     | Cop                             | by line 4 here   | 4.                               | \$   | 2,810.00                             | \$   | N/A                          |
| 5.  | List                            | all payroll deductions:  |                                  |  |                                      |  |                              |
|     | 5a.<br>5b.<br>5c.               | Tax, Medicare, and Social Security deductions<br>Mandatory contributions for retirement plans<br>Voluntary contributions for retirement plans  | 5a.<br>5b.<br>5c.                | \$_<br>\$_   | 543.00<br>0.00<br>0.00               | \$<br>\$<br>   | N/A<br>N/A<br>N/A            |
|     | 5d.<br>5e.<br>5f.<br>5g.<br>5h. | Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:  | 5d.<br>5e.<br>5f.<br>5g.<br>5h.+ | \$   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00 | \$<br>\$<br>\$<br>+ \$                                   | N/A<br>N/A<br>N/A<br>N/A     |
| 6.  |                                 | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | — 6.                             | \$<br>\$   | 543.00                               | `  | N/A                          |
| 7.  |                                 | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                               | \$ <del>-</del>  | 2,267.00                             | \$<br>   | N/A                          |
| 8.  | 8b.<br>8c.                      | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation | 8a.<br>8b.<br>ut<br>8c.<br>8d.   | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00<br>0.00<br>800.00<br>0.00       | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | N/A<br>N/A<br>N/A            |
|     | 8e.<br>8f.<br>8g.<br>8h.        | Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Pension or retirement income Other monthly income. Specify:  | 8e.  ee  8f. 8g. 8h.+            | \$   | 0.00<br>0.00<br>0.00<br>0.00         | \$<br>\$<br>+ \$   | N/A<br>N/A<br>N/A<br>N/A     |
| 9.  | Add                             | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                               | \$   | 800.00                               | \$   | N/A                          |
| 10. |                                 | culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$                           |  | 3,067.00 + \$_                       |  | N/A = \$ 3,067.00            |
| 11. | Incli<br>othe<br>Do i           | te all other regular contributions to the expenses that you list in Schedulude contributions from an unmarried partner, members of your household, you er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are noticify:  | ır depend                        |  | •                                    |  | chedule J.<br>11. +\$ 0.00   |
| 12. |                                 | If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies  |                                  |  |                                      |  | 12. \$ 3,067.00 Combined     |
| 13. | Do :                            | you expect an increase or decrease within the year after you file this form  | n?                               |  |                                      |  | monthly income               |

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| Fill in t   | this informa               | tion to identify yo              | our case:     |  |                       |            |                       |                               |
|-------------|----------------------------|----------------------------------|---------------|--|-----------------------|------------|-----------------------|-------------------------------|
| Debtor      | 1                          | Nichole L.M.                     | Leombrui      | ni   |                       | Ch         | eck if this is:       |                               |
|             |                            | THORIOIC E.IVI.                  | Loombrai      |  |                       |            | An amended filing     |                               |
| Debtor      | 2                          |                                  |               |  |                       |            | A supplement show     | wing post-petition chapter    |
| (Spous      | e, if filing)              |                                  |               |  |                       |            | 13 expenses as of     | the following date:           |
| United      | States Bankı               | uptcy Court for the              | : NORTH       | ERN DISTRICT OF ILLIN  | OIS                   |            | MM / DD / YYYY        |                               |
| Case n      | umber                      |                                  |               |  |                       |            | A separate filing for | or Debtor 2 because Debtor    |
| (If know    | vn)                        |                                  |               |  |                       |            | 2 maintains a sepa    | arate household               |
| Offi        | cial Fo                    | rm B 6J                          |               |  |                       |            |                       |                               |
|             |                            | J: Your                          | _<br>Evner    | 1606   |                       |            |                       | 12/1:                         |
|             |                            |                                  |               | ISCS<br>If two married people ar                             | a filing tagathar h   | oth are ea | ually rosponsible fe  |                               |
| inform      | nation. If m               |                                  | eded, atta    | ch another sheet to this                                     |                       |            |                       |                               |
| Part 1:     | Descr                      | ibe Your House                   | ehold         |  |                       |            |                       |                               |
|             | s this a joir              |                                  |               |  |                       |            |                       |                               |
|             | No. Go to                  | line 2.                          |               |  |                       |            |                       |                               |
|             | ☐ Yes. <b>Doe</b>          | s Debtor 2 live                  | in a separ    | ate household?   |                       |            |                       |                               |
|             | □N                         | 0                                |               |  |                       |            |                       |                               |
|             | ΠY                         | es. Debtor 2 mus                 | st file a sep | oarate Schedule J.   |                       |            |                       |                               |
| 2. <b>D</b> | o you hav                  | e dependents?                    | □ No          |  |                       |            |                       |                               |
|             | Do not list D<br>Debtor 2. | ebtor 1 and                      | ■ Yes.        | Fill out this information for each dependent                 | Dependent's relation  |            | Dependent's age       | Does dependent live with you? |
| D           | o not state                | the                              |               |  |                       |            |                       | □ No                          |
| d           | lependents'                | names.                           |               |  | son                   |            | 3                     | Yes                           |
|             |                            |                                  |               |  | daughter              |            | 16                    | □ No<br>■ Yes                 |
|             |                            |                                  |               |  | daugittei             |            |                       | ■ Yes<br>□ No                 |
|             |                            |                                  |               |  |                       |            |                       | ☐ Yes                         |
|             |                            |                                  |               |  | -                     |            | _                     | □ No                          |
|             |                            |                                  |               |  |                       |            |                       | □ Yes                         |
|             |                            | enses include                    |               | No   | -                     |            | _                     |                               |
|             |                            | f people other t                 | han 🗖         | Yes  |                       |            |                       |                               |
| У           | oursen and                 | d your depende                   | ents? —       |  |                       |            |                       |                               |
| Part 2:     |                            | ate Your Ongoi                   |               |  |                       |            |                       |                               |
| expen       |                            |                                  |               | uptcy filing date unless y<br>y is filed. If this is a supp  |                       |            |                       |                               |
| Includ      | la avnanca                 | o poid for with                  | non ooch      | aavarnmant aasistanaa i                                      | f vou know            |            |                       |                               |
|             |                            |                                  |               | government assistance i<br>cluded it on <i>Schedule I:</i> Y |                       |            |                       |                               |
| (Offici     | ial Form 6I                | .)                               |               |  |                       |            | Your exp              | enses                         |
|             |                            | or home owners                   |               | ses for your residence. In                                   | nclude first mortgage | e<br>4.    | \$                    | 850.00                        |
| If          | f not includ               | led in line 4:                   | -             |  |                       |            |                       |                               |
|             |                            |                                  |               |  |                       | 40         | ¢                     | 0.00                          |
|             |                            | estate taxes<br>rty, homeowner's | s or renter   | 's insurance   |                       | 4a.<br>4b. |                       | 0.00                          |
|             |                            | •                                | •             | ipkeep expenses  |                       | 4c.        | : —                   | 0.00                          |
|             |                            | owner's associat                 | •             |  |                       | 4d.        | ·                     | 0.00                          |
| 5. <b>A</b> |                            |                                  |               | our residence, such as ho                                    | me equity loans       | 5.         |                       | 0.00                          |

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| Debtor 1        | Nichole L                       | M. Leombruni   | Case number (if known) |                               |
|-----------------|---------------------------------|--|------------------------|-------------------------------|
| 6. <b>Uti</b>   | lities:                         |  |                        |                               |
| 6. <b>U</b> til |                                 | heat, natural gas  | 6a. \$                 | 210.00                        |
| 6b.             |                                 | ver, garbage collection  | 6b. \$                 | 0.00                          |
| 6c.             |                                 | , cell phone, Internet, satellite, and cable services  | 6c. \$                 | 380.00                        |
| 6d.             | •                               |  | 6d. \$                 | 0.00                          |
|                 |                                 | keeping supplies   | 7. \$                  | 600.00                        |
|                 |                                 | hildren's education costs  | 8. \$                  | 500.00                        |
|                 |                                 | y, and dry cleaning  | 9. \$                  | 0.00                          |
|                 |                                 | roducts and services   | 10. \$                 | 50.00                         |
|                 | edical and den                  |  | 11. \$                 |                               |
|                 |                                 | Include gas, maintenance, bus or train fare.   | Π. φ                   | 25.00                         |
|                 | not include ca                  |  | 12. \$                 | 275.00                        |
|                 |                                 | clubs, recreation, newspapers, magazines, and books  | 13. \$                 | 0.00                          |
|                 |                                 | ibutions and religious donations   | 14. \$                 | 0.00                          |
|                 | surance.                        | • • •  |                        | 0.00                          |
| Do              | not include in                  | surance deducted from your pay or included in lines 4 or 20.   |                        |                               |
|                 | a. Life insuraı                 |  | 15a. \$                | 0.00                          |
| 15b             | b. Health insu                  | ırance   | 15b. \$                | 0.00                          |
| 150             | c. Vehicle ins                  | urance   | 15c. \$                | 120.00                        |
| 150             | d. Other insur                  | rance. Specify:  | 15d. \$                | 0.00                          |
|                 |                                 | clude taxes deducted from your pay or included in lines 4 or 20  | ). <u> </u>            |                               |
| Spe             | ecify:                          |  | 16. \$                 | 0.00                          |
|                 |                                 | ase payments:  |                        | _                             |
|                 |                                 | nts for Vehicle 1  | 17a. \$                | 0.00                          |
|                 |                                 | nts for Vehicle 2  | 17b. \$                | 0.00                          |
|                 | c. Other. Spe                   | ·  | 17c. \$                | 0.00                          |
|                 | d. Other. Spe                   | ·  | 17d. \$                | 0.00                          |
|                 |                                 | of alimony, maintenance, and support that you did not rep  |                        | 0.00                          |
|                 |                                 | our pay on line 5, Schedule I, Your Income (Official Form  |                        |                               |
|                 |                                 | you make to support others who do not live with you.   | \$                     | 0.00                          |
|                 | ecify:                          | why average not included in lines 4 or E of this form or or  | 19.                    |                               |
|                 |                                 | erty expenses not included in lines 4 or 5 of this form or or<br>on other property   | 20a. \$                | 0.00                          |
|                 | b. Real estate                  |  | 20b. \$                | 0.00                          |
|                 |                                 | omeowner's, or renter's insurance  | 20c. \$                |                               |
|                 |                                 | ce, repair, and upkeep expenses  | 20d. \$                | 0.00                          |
|                 |                                 |  | 20d. \$<br>20e. \$     | 0.00                          |
|                 |                                 | er's association or condominium dues   |                        | 0.00                          |
| 1. <b>O</b> th  | her: Specify:                   |  | 21. +\$                | 0.00                          |
| 2. <b>Yo</b>    | ur monthly ex                   | rpenses. Add lines 4 through 21.   | 22. \$                 | 3,010.00                      |
| The             | e result is your                | monthly expenses.  |                        |                               |
|                 | -                               | nonthly net income.  |                        |                               |
| 238             | <ol> <li>Copy line 1</li> </ol> | 2 (your combined monthly income) from Schedule I.  | 23a. \$                | 3,067.00                      |
| 23b             | b. Copy your                    | monthly expenses from line 22 above.   | 23b\$                  | 3,010.00                      |
|                 |                                 |  |                        |                               |
| 230             |                                 | our monthly expenses from your monthly income.   | 222                    | 57.00                         |
|                 | The result                      | s your monthly net income.   | 23c. \$                | 07.00                         |
| For<br>mod      | example, do yo                  | n increase or decrease in your expenses within the year a u expect to finish paying for your car loan within the year or do you experems of your mortgage? |                        | ease or decrease because of a |
|                 |                                 |  |                        |                               |
|                 | \/                              |  |                        |                               |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

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### **United States Bankruptcy Court Northern District of Illinois**

| In re | Nichole L.M. Leombruni | Case No.  |         |   |
|-------|------------------------|-----------|---------|---|
|       |                        | Debtor(s) | Chapter | 7 |
|       |                        |           |         |   |

### DECLARATION CONCERNING DEBTOR'S SCHEDULES

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of | 26 |
|--|----|
| sheets, and that they are true and correct to the best of my knowledge, information, and belief.       |    |
|  |    |
|  |    |

Date January 7, 2015 Signature /s/ Nichole L.M. Leombruni
Nichole L.M. Leombruni

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

### United States Bankruptcy Court Northern District of Illinois

| In re | Nichole L.M. Leombruni |           |         |   |
|-------|------------------------|-----------|---------|---|
|       |                        | Debtor(s) | Chapter | 7 |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE \$1.00 2015 YTD: \$33,720.00 2014: \$18,000.00 2013:

### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$200.00 Weekly child support payments.

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#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL PAYMENTS AMOUNT PAID OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

THINE THIS TIBBLESS OF CRESTIO

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT

AND CASE NUMBER

Leombruni vs. Leombruni 2013 D 1376

NATURE OF PROCEEDING AND LOCATION

Dissolution of marriage

Winnebago County Circuit Court Final Decree

### 400 W. State Street

Rockford, II, 61101

Rockford, IL 61101

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED Midland Credit Management, Inc. Blatt Hasenmiller Leibsker & Moore 211 Landmark Drive, Ste. C-1 Normal, IL 61761

DATE OF SEIZURE 12-20-14

DESCRIPTION AND VALUE OF PROPERTY 2009 SC 200 Garnishment \$435.40

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER Grant Park Auto Sales 908 Broadway Rockford, IL 61104 DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN December 25, 2014

DESCRIPTION AND VALUE OF PROPERTY

Voluntary surrender of 2011 Ford Fusion- deficiency balance

### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

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#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Balsley & Dahlberg 5130 N. 2nd St. Loves Park. IL 61111 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR January 2, 2015 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$500.00

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

IN PROPERTY

DATE OF TRANSFER OR SURRENDER, IF ANY

### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

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|------------------------------|
|------------------------------|

14. Property held for another person

None List all property owned by another person that the debtor holds or controls. П

NAME AND ADDRESS OF OWNER Parents

DESCRIPTION AND VALUE OF PROPERTY

2003 Jeep Liberty

LOCATION OF PROPERTY In Debtor's Possession

15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** 6205 Bristlecone Lane Rockford, IL 61109

NAME USED DATES OF OCCUPANCY Nichole L.M Leombruni June 2013 to June 2014

Nichole L.M Leombruni 604 David Drive Winnebago rural IL 61088

June 2012 to June 2013

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF SITE NAME AND ADDRESS **GOVERNMENTAL UNIT** NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** SITE NAME AND ADDRESS **GOVERNMENTAL UNIT** NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

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B7 (Official Form 7) (04/13)

NAME AND ADDRESS OF **GOVERNMENTAL UNIT** 

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

**BEGINNING AND ENDING DATES** 

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

**ADDRESS** NAME

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | January 7, 2015 | Signature | /s/ Nichole L.M. Leombruni |
|------|-----------------|-----------|----------------------------|
|      |                 |           | Nichole L.M. Leombruni     |
|      |                 |           | Debtor                     |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

# United States Bankruptcy Court Northern District of Illinois

|   | Northern Dis  | strict of Illinoi                   | S                             |                               |
|---|---|-------------------------------------|-------------------------------|-------------------------------|
| In re Nichole L.M. Leombruni  |   |                                     | Case No.                      |                               |
|   | I   | Debtor(s)                           | Chapter                       | 7                             |
| PART A - Debts secured by prop  | <b>7 INDIVIDUAL DEBTO</b> erty of the estate. (Part A matach additional pages if necessary) | nust be fully co                    |                               |                               |
| Property No. 1  |   |                                     |                               |                               |
| Creditor's Name:<br>-NONE-  |   | Describe Prop                       | perty Securing Debt:          |                               |
| Property will be (check one):  ☐ Surrendered  | ☐ Retained  |                                     |                               |                               |
| If retaining the property, I intend to ( ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain | (check at least one): (for example, avo   | id lien using 11                    | U.S.C. § 522(f)).             |                               |
| Property is (check one): ☐ Claimed as Exempt  |   | □ Not claimed                       | l as exempt                   |                               |
| PART B - Personal property subject Attach additional pages if necessary.)  Property No. 1           |   | columns of Par                      | t B must be completed         | I for each unexpired lease.   |
| Lessor's Name:<br>-NONE-  | Describe Leased Pro   | operty:                             | Lease will be AU.S.C. § 365(I | Assumed pursuant to 11 b)(2): |
| I declare under penalty of perjury personal property subject to an und                              |   | intention as to                     | any property of my e          | state securing a debt and/or  |
| Date January 7, 2015  |   | /s/ Nichole L.M.<br>Nichole L.M. Le |                               |                               |

Debtor

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### United States Bankruptcy Court Northern District of Illinois

| In r | re Nichole L.M. Leombruni   |  | Case No.   |                                       |                |
|------|---|--|--|---------------------------------------|----------------|
|      |   | Debtor(s)  | Chapter  | 7                                     |                |
|      | DISCLOSURE OF COM   | PENSATION OF ATTORN  | NEY FOR DI   | EBTOR(S)                              |                |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule paid to me within one year before the filing of the pehalf of the debtor(s) in contemplation of or in con  | etition in bankruptcy, or agreed to be p   | oaid to me, for serv                                     |                                       |                |
|      | For legal services, I have agreed to accept   |  | \$   | 500.00                                |                |
|      | Prior to the filing of this statement I have recei-   |  |  | 500.00                                |                |
|      |   |  |  | 0.00                                  |                |
| 2.   | \$_335.00 of the filing fee has been paid.  |  |  |                                       |                |
| 3.   | The source of the compensation paid to me was:  |  |  |                                       |                |
|      | ■ Debtor □ Other (specify):   |  |  |                                       |                |
| 4.   | The source of compensation to be paid to me is:   |  |  |                                       |                |
|      | ■ Debtor □ Other (specify):   |  |  |                                       |                |
| 5.   | ■ I have not agreed to share the above-disclosed c  | compensation with any other person un  | less they are mem  | bers and associates of                | f my law firm. |
|      | ☐ I have agreed to share the above-disclosed comp<br>copy of the agreement, together with a list of the   |  |  |                                       | aw firm. A     |
| 6.   | In return for the above-disclosed fee, I have agreed  | to render legal service for all aspects of   | of the bankruptcy of                                     | ease, including:                      |                |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and r</li> <li>b. Preparation and filing of any petition, schedules,</li> <li>c. Representation of the debtor at the meeting of cr</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to r</li> <li>agreements and applications as needed</li> <li>of liens on household goods.</li> </ul> | s statement of affairs and plan which meditors and confirmation hearing, and reduce to market value; exemption | ay be required;<br>any adjourned hea<br>planning; prepar | rings thereof; ation and filing of re | eaffirmation   |
| 7.   | By agreement with the debtor(s), the above-disclose<br>Representation of the debtors in any di<br>adversary proceeding.   |  |  | of from stay actions                  | or any other   |
|      |   | CERTIFICATION  |  |                                       |                |
| this | I certify that the foregoing is a complete statement of bankruptcy proceeding.  | of any agreement or arrangement for pa   | ayment to me for r                                       | epresentation of the c                | lebtor(s) in   |
| Date | ed: January 7, 2015   | /s/ JEFFRY A. DAHL   | BERG   |                                       |                |
|      |   | JEFFRY A. DAHLBE   |  |                                       |                |
| 1    |   | Balsley & Dahlberg   | _  |                                       |                |
| 1    |   | 5130 North Second S  |  |                                       |                |
| 1    |   | Loves Park, IL 6111 <sup>2</sup><br>(815) 877-2593 Fax   |  | ζ.                                    |                |
| 1    |   | www.balslevlawoffice   |  | ,                                     |                |

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In re:

Case No.: 15-

Nichole L.M. Leombruni

Judge Thomas M Lynch

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 7 DEBTORS AND THEIR ATTORNEYS

### BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case as required by Local Bankruptcy Rule and explain how and when the attorney's fees are determined and paid.
- Personally review with the debtor and sign the completed petition, statements and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, statements and schedules.
- 5. Advise the debtor of the need to maintain appropriate insurance.

### AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

1. Appear punctually at the meeting of creditors (also called the "341 meeting") with

recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor will also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.

- 2. Notify the attorney of any change in the debtor's address or telephone number.
- 3. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 4. Contact the attorney immediately if the debtor loses employment, has a significant change in income or experiences any other significant change in financial situation (such as serious illness, lottery winnings or an inheritance).
- 5. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 6. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the Internal Revenue Service or the Illinois Department of Revenue.
- 7. Contact the attorney before selling real property while the bankruptcy is pending.
- 8. Pay all fees for amendments in a timely fashion.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination).
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 7 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely prepare, file and serve any necessary amended statements and schedules and any change of address in accordance with information provided by the debtor.
- 7. Monitor all incoming case information.

- Prepare, file and serve all appropriate motions to avoid liens.
- 9. Provide any other legal services necessary for the administration of the case before the Bankruptcy Court.
- 10. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 11. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise not engaging in proper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 12. The services to be provided by the attorney specifically exclude the representation in any adversary proceeding filed by any creditor.

| Date: 1 7 1 6                                 |  |  |  |  |
|---|--|--|--|--|
| Total fee to be paid for attorney's services: |  |  |  |  |
| \$_500.00                                     |  |  |  |  |

I understand that I may be subject to a random audit conducted by a private audit firm pursuant to §603 of the Bankruptcy Code and will have to produce certain documents which may include pay stubs for the six (6) calendar months prior to filing; two years of federal tax returns, including any schedules and forms; account statements for all depository and investment accounts for six calendar months preceding the date of filing of the petition, plus the month in which the petition was filed, along with sufficient documentation to reasonably explain the source of deposits or credits and the purpose of checks, withdrawals or debits and a copy of any divorce decree and/or property settlement entered within the last three years and any current child support/alimony obligation that I may have.

O

Signed:

Nichole L.M. Leombruni Debtor

(Do not sign if this line is blank)

FFR A. DAMLBERG, Attorney for Debtor(x)

BALSNEY & DAHLBERG 5130 North Second Street Loves Park, IL 61111-5002

815-877-2593

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

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B 201B (Form 201B) (12/09)

# United States Bankruntcy Court

|         |   | thern District of Illinois                              |                      |                              |
|---------|---|---|----------------------|------------------------------|
| In re   | Nichole L.M. Leombruni                                |   | Case No.             |                              |
|         |   | Debtor(s)   | Chapter              | 7                            |
|         | CERTIFICATION OF I<br>UNDER § 342(b)                  | NOTICE TO CONSUM<br>OF THE BANKRUPTO                    |                      | (S)                          |
| Code.   | Ce I (We), the debtor(s), affirm that I (we) have rec | rtification of Debtor<br>eived and read the attached no | tice, as required by | y § 342(b) of the Bankruptcy |
| Nichole | e L.M. Leombruni                                      | X /s/ Nichole L.M.                                      | Leombruni            | January 7, 2015              |
| Printed | l Name(s) of Debtor(s)                                | Signature of De   | btor                 | Date                         |
| Case N  | No. (if known)  | X   |                      |                              |
|         |   | Signature of Joi  | nt Debtor (if any)   | Date                         |
|         |   |   |                      |                              |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C.  $\S$  342(b) only if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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# **United States Bankruptcy Court**Northern District of Illinois

|       |  | Not then District of Initiols   |                 |                           |
|-------|--|---|-----------------|---------------------------|
| In re | Nichole L.M. Leombruni                       |   | Case No.        |                           |
|       |  | Debtor(s)   | Chapter         | 7                         |
|       | VER  | RIFICATION OF CREDITOR MA   | ATRIX           |                           |
|       |  | Number of C   |                 | 51_                       |
|       | The above-named Debtor(s) h (our) knowledge. | hereby verifies that the list of credito                              | ors is true and | correct to the best of my |
| Date: | January 7, 2015                              | /s/ Nichole L.M. Leombruni Nichole L.M. Leombruni Signature of Debtor |                 |                           |

AAA Community Finance P.O. Box 190 Bethalto, IL 62010

Account Recovery Services P.O. Box 2526 5183 Harlem Road, Suite 7 Loves Park, IL 61132

American TV c/o Comenity BK Dept fka WFNNB P.O. Box 182125 Columbus, OH 43218-2125

Anderson Financial Network Bankruptcy Administration 404 Brock Street Bloomington, IL 61701

Arturo S. Manas, M.D. 1415 E. State Street, #800 Rockford, IL 61104

Attorney Thomas Luchetti Suite 210 Stewart Square 308 West State Street Rockford, IL 61101

Calvary Portfolio Services 7 Skyline Drive, 3rd Floor Hawthorne, NY 10532

CashnetUSA 200 W. Jackson Blvd, Ste 2400 Chicago, IL 60606

Chase Credit Cards P. O. Box 15298 Wilmington, DE 19850-5298

Chase Home Finance c/o Codilis & Associates 15W030 N. Frontage Rd., Ste 100 Burr Ridge, IL 60527 Credit Box a/k/a Americash P.O. Box 168
Des Plaines, IL 60016

Credit Collection Services Two Wells Avenue Newton, MA 02459

Credit Management 4200 International Pkwy Carrollton, TX 75007-1912

Credit Protection Association 13355 Noel Road, Ste 2100 Dallas, TX 75240

Creditors' Protection Service 308 W. State St, Ste 485 P.O. Box 4115 Rockford, IL 61110-0615

Dennis A. Brebner & Associates 860 Northpoint Blvd. Waukegan, IL 60085-8211

Dennis J. Flanagan D.D.S., M.S. 1075 Featherstone Road Rockford, IL 61107

Diversified Consultants Inc P.O. Box 1391 Southgate, MI 48195-0391

Frontier Bankruptcy Dept 11799 N College Ave Carmel, IN 46032

Gills Freeport Disposal Inc. 735 N. Van Buren P.O. Box 64 Freeport, IL 61032

Glenwood Center 2823 Glenwood Avenue Rockford, IL 61101-3599 Grant Park Auto Sales 908 Broadway Rockford, IL 61104

Illinois Pathologist Services, LLC P.O. Box 1259, Dept #88680 Oaks, PA 19456

Ispeedyloans.com a/k/a Americash
P.O. Box 184
Des Plaines, IL 60016

John E. Halversen Jr., D.D.S. 1110 S. Mulford Road Rockford, IL 61108

Medical Diagnostic Laboratories LLC 2439 Kuser Road Hamilton, NJ 08690-3303

Medical-Dental-Hospital Bureau 7834 N Second St Unit 5 Machesney Park, IL 61115

MembersAlliance Credit Union 2550 S. Alpine Road Rockford, IL 61108

MembersAlliance Credit Union c/o Attorney William A. Reilly II 6801 Spring Creek Road, Suite 2D Rockford, IL 61114

Midland Credit Management 8875 Aero Drive, Suite 200 San Diego, CA 92123

Midland Credit Management, Inc. Blatt Hasenmiller Leibsker & Moore 211 Landmark Drive, Ste. C-1 Normal, IL 61761 Mutual Management Services 7177 Crimson Ridge Drive, Ste 10 P.O. Box 8740 Rockford, IL 61126-6235

NCO Financial Systems 507 Prudential Road Horsham, PA 19044-2308

OSF Common Business Office P.O. Box 1806 Peoria, IL 61656-1712

Pedersen Appliance Repair 7440 N. River Road Byron, IL 61010

Radinant Cash P.O. Box 1183 Lac Du Flambeau, WI 54538

RMH Pathologists LTD c/o PBO, Inc. 6785 Weaver Road, #D Rockford, IL 61114

Rockford Ambulatory Surgery Center P.O. Box 4661 Rockford, IL 61107

Rockford Mercantile Agency 2502 S. Alpine Road Rockford, IL 61108

RPMS P.O. Box 957 Rockford, IL 61105

Sallie Mae Loan Servicing Center Attn: Bankruptcy Litigation P.O. Box 9430, E3149 Wilkes-Barre, PA 18773-9430 Signature Property Management 4445 Marsh Hawk Drive Loves Park, IL 61111

Silvercloud Financial 635 East Hwy 20C Upper Lake, CA 95485

Swedish American Hospital P.O. Box 310283 Des Moines, IA 50331-0283

Torres Credit Services Inc 27 Fairview Carlisle, PA 17013

Tri-State Adjustments Freeport, Inc 440 Challenge Street P.O. Box 882 Freeport, IL 61032

U.S. Department of Education Direct Loan Servicing Center P.O. Box 5202 Greenville, TX 75403-5202

Unique National Collections 119 E. Maple Street Jeffersonville, IN 47130

Verizon Wireless Operations Support 777 Big Timber Road Elgin, IL 60123

Wells Fargo Financial Bank P.O. Box 5943 Sioux Falls, SD 57117-5943

West Asset Management 2703 N US Highway 75 Sherman, TX 75090-2567